



October 1, 2014 - Launch of the My Health LA Program!

Hello, and welcome to the My Health LA (MHLA) Program! This is the first Provider Bulletin of the MHLA program. Our goal is to provide basic information in order to familiarize you with the provisions of the MHLA program and contract.

Background

On September 23, 2014, The Los Angeles County Board of Supervisors approved the My Health Los Angeles (MHLA) health program for the provision of primary care (and, for some clinics, dental) services effective October 1, 2014. The Healthy Way LA Unmatched program, now named MHLA, has been redesigned to be consistent with the long-term goals of a new healthcare access program that will preserve access to care for uninsured patients, encourage coordinated, whole-person care, move away from an episodic, fee-for-service payments in favor of a monthly grant funding approach, improve efficiency and reduce duplication, and simplify the administration of this program.

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MHLA Program Overview

- The MHLA program includes primary care, pharmacy, labs and basic radiology services at the Community Partners (CP), and specialty, emergency, urgent care and inpatient services at Department of Health Services (DHS) facilities.
- Clinics will enroll participants into MHLA through a web-based eligibility and enrollment system called One-e-App (OEA). A participant is enrolled in MHLA when an application is completed and all eligibility required documents are uploaded (i.e. proof of identification, Los Angeles County residency and income).
- MHLA Program qualifications are: income threshold of up to 138% Federal Poverty Level; age 6 and up; uninsured and ineligible for public or employer-based insurance; and currently living in Los Angeles County. MHLA participants must be deemed ineligible for local, State and Federal full-scope (share of cost and no-share of cost) government healthcare programs. Full-scope includes any program that provides or funds the same scope of primary health care in an outpatient setting as MHLA.

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- Participants will select a medical home when they enroll and will keep this medical home for twelve (12) months (some exceptions allowed – see “Medical Home Selection and Changes” section). The participant may receive care at more than one clinic site within an agency’s network, but may not receive their primary care outside of this agency. All CP clinics can view the medical homes in OEA.
- Participants can go to DHS facilities for no cost specialty, emergency, and urgent care. Referrals to DHS for specialty care are through the Referral Processing System (RPS) and eConsult systems. An Ability-To-Pay (ATP) does not need to be completed at DHS for a MHLA participant. Out-of-network services are not covered by MHLA.
- A DHS patient with a DHS primary care provider should not sign up for MHLA unless they wish to switch to a CP clinic for their primary care.

Contract Execution

Contracts and Grants (C&G) recently emailed the necessary steps required to execute the MHLA agreements. There are several items that CP needs to provide in order to allow for execution of the Agreement prior to the start date. If you have any questions about the information that you must provide in order to execute your contract, please email Laverne Begay at lbegay@dhs.lacounty.gov. The MHLA Agreement start date will be October 1, 2014 or the execution date of the Agreement, whichever is later. **Clinics may not provide any services under the MHLA Program until the full execution of the Agreement.** Therefore, if your Agreement is executed *after* October 1, 2014, then the MHLA program start date for your agency will be the date of full execution, not October 1st. The signatory who executes your Agreement must be listed on the Statement of Information form from the State of California. Anyone not listed on the Statement of Information must provide a copy of proof that the person has signing authority by providing a copy of the Corporate Resolution, Articles of Incorporation, Bylaws, or other official documents approved by the Los Angeles County Office of the County Counsel to validate that the person has the authority to sign the Agreement on behalf of the CP.

MHLA Covered Services

The following are covered services of the MHLA program. All of these services must be provided at no-charge to a MHLA participant.

- **Primary Care.** MHLA covers primary care services provided at a CP clinic. This includes prevention, diagnosis, treatment of illness or injury, health advice, diagnostic services (labs and basic radiology), chronic disease management, immunizations, referral services, health education, prescribing medicines and other related services. Please review your Agreement for a more comprehensive description of primary care services provided under this program.
- **Specialty Care at DHS.** Specialty care services at DHS are free for MHLA participants. Participants must be referred to DHS through the eConsult and/or RPS systems.
- **Hospital Services at DHS.** Hospital services at DHS facilities are free to MHLA participants. MHLA does not cover hospital inpatient stays outside of the DHS network. Participants who go to a non-DHS hospital are likely to receive a bill for those services.

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- **Emergency Services at DHS.** MHLA members experiencing an emergency medical condition should be instructed to go to a DHS emergency room if possible. Participants requiring same or next day appointments and patient who have a primary care need that could be handled by the CP clinic may not be referred to a DHS emergency facility.
- **Urgent Care Services at DHS.** MHLA members experiencing an urgent, non-primary care medical condition should be instructed to go to a DHS urgent care if possible. Urgent care referrals are appropriate only when the level of care cannot be provided in a primary care setting. Participants requiring same or next day appointments or who have a primary care need that could be handled by the CP clinic may not be referred to a DHS urgent care clinic.

Dental Services

Dental care is not a “benefit” of the MHLA program. However, some CP clinics have a dental care contract with DHS. These clinics may provide free dental care services as an option to members. If a CP offers dental services at its clinic, those services may be billed to DHS using Denti-Cal payable codes and rates. If a MHLA patient receives dental care at a Dental Care Clinic, a copy of the OEA application summary sheet must be placed in the dental chart. If a non-MHLA patient receives dental care at a Dental Care Clinic, the patient should be screened for MHLA eligibility using the Ability to Pay (ATP) application, which must be placed in the dental chart.

MHLA Fee-For Service Payments (October 1, 2014 through March 31, 2015)

Effective October 1, 2014 through March 31, 2015, MHLA will reimburse CPs on a Fee-For-Service (FFS) rate of \$105.00 per visit, which includes ancillary and pharmaceutical services. CPs will invoice DHS, in arrears, for each office visit performed in the prior month. There are no retroactive services during the FFS period. CPs may only bill the MHLA program for services provided to a fully enrolled patient. During the Fee-For-Service payment period, clinics should bill AIA for services rendered to MHLA enrolled participants. All billing forms and procedures are on the MHLA website. To give the program, and AIA, adequate time to process executed contracts on a rolling basis, the MHLA program recommends that all clinics wait until October 15, 2014 before beginning to bill AIA for services rendered. If you need assistance billing AIA, please email Denise Wampler at denise@mapinc.com , Marta Contreras marta@mapinc.com and Kristen Case kristen@mapinc.com. In general, CPs will be paid within six (6) weeks of submitting a claim to AIA. MHLA will not pay a claim for an enrolled patient if all required documents are not clearly uploaded into OEA.

MHLA Monthly Grant Funding (April 1, 2015 onward)

Effective April 1, 2015, MHLA will reimburse CPs a Monthly Grant Funding (MGF) rate when a participant has been enrolled into MHLA through OEA and all required eligibility documents have been uploaded into the OEA system. Please note that the MGF period could potentially become effective prior to April 1, 2015 depending on the estimated expenditure rate of MHLA funding during the FFS period above. CP clinics will be notified at least 30 days prior if the MGF period is to begin prior to April 1, 2015. MHLA will pay a MGF rate of \$28.00 per participant/per month for primary care, plus \$4.00 per participant/per month for pharmacy (for a total of \$32.00 per month). This rate includes ancillary services, such as laboratory and basic radiology, as described in the MHLA Agreement. Upon implementation of the MHLA Pharmacy Network Phase II in the Spring or Summer of 2015 (see below), the Pharmacy MGF of \$4.00 will be eliminated, and clinics will be paid a total \$28.00 MGF. MHLA will not pay MGF for an enrolled patient if all required documents are not clearly uploaded into OEA.

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MHLA has a goal of paying the MGF within forty-five (45) days of the last day of the prior month. The MGF will be based on enrollment in OEA for the previous month. Therefore, no billing or invoicing is required by the clinic in order to be paid MGF. Each month, DHS will provide CPs with a list of their total payable patients. If a clinic has a question about the payment that they received, they may submit a payment inquiry form within thirty (30) calendar days of receiving the list of payable participants. DHS will acknowledge receipt and issue formal response within thirty (30) calendar days. This form will be available on the MHLA website.

Dental Payments

Beginning October 1, 2014, MHLA will reimburse approved contracted dental care clinics according to State of California Denti-Cal codes and rates, up to the maximum dental allocation per dental clinic.

Enrollments

Clinics will enroll eligible participants into MHLA through the One-e-App (OEA) System. A participant is enrolled in MHLA when an application is completed and all eligibility required documents are clearly uploaded (i.e. proof of identification, Los Angeles County residency and income). OEA applications for enrollment may only be taken and processed at medical homes/enrollment sites. Only medical homes may enroll participants into MHLA.

By April 1, 2015, all enrollment staff must be able to demonstrate completion/certification of at least one of the following: 1) Certification as a Certified Application Assistor (CAA); 2) Certification as a Certified Enrollment Counselor (CEC); or 3) completion of the Los Angeles County “We’ve Got You Covered”. Enrollers must also complete the Enrollment and Eligibility training provided by MHLA.

MHLA CPs can apply for the following OEA user types: CEC/CAA Enroller, CEC/CAA Supervisor, Read-Only user and System Administrator. These user types can obtain an OEA log-in and password by filling out the OEA User Account Application Form and the Acknowledgment of Receipt form. These forms are available on the MHLA website and must be scanned, attached (including the requestor’s CEC/CAA Certificate of Completion, if applicable) and emailed to: servicedesk@dhs.lacounty.gov. The subject line of this email must be: OEA USER APPLICATION. Failure to adhere to the above instructions for the OEA User Account Application may result in processing delays. In general, the OEA application may take from seventy-two (72) hours to five (5) business days to complete and issue user identification. Any request by a clinic site to obtain more than seven (7) log-ins (of any user type) will be reviewed by the MHLA program office.

The One-e-App system has the ability to generate reports showing the total number of MHLA enrolled participants, patient demographic information, pending applications, and much more. In the near future, OEA will also have the ability to generate a report showing each applicant and their application disposition (new, modified, or dis-enrolled). Please note that only the “System Administrator” user type for the agency can generate these reports.

CCEP “Infrastructure and Enrollment” Patients

Community Clinic Expansion Program (CCEP) patients who were seen at Infrastructure and Service clinic sites are permitted to enroll in the MHLA Program effective October 1, 2014.

Medical Home Selection and Changes

Participants will select a medical home at the time of enrollment and will retain this medical home for twelve (12) months (some exceptions allowed). The participant may receive care at more than one clinic

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site within an agency's network, but may not receive their primary care outside of this agency. All CP clinics can view the medical home in OEA. Participants may change their medical home during their twelve (12) month enrollment period only for the following reasons: 1) for any reason during the first thirty (30) days of enrollment; 2) if the participant has moved or changed jobs and is seeking a new medical home closer to his/her new place of residence or employment; 3) if the participant has a significant change in his/her clinical condition; 4) if the participant has a deterioration in the relationship with the health care provider; or 5) if the location of the medical home is closed temporarily or permanently. All medical homes changes are effective the first day of the following month.

Member Services

Member Services is available to answer questions for MHLA participants Monday through Friday, from 8:00 am to 5:00 pm by calling (844) 744-6452 (MHLA). Interpreters are available for MHLA participants. Member Services can assist participants answer questions about the MHLA program, obtain medical home changes, dis-enroll, process address and phone number changes, process complaints and order new ID cards if lost or stolen. Questions by CP clinics should not go through MHLA Member Services. CPs should contact their Program Advocate if they have questions about the MHLA program (see attachment), and/or call the Eligibility and Enrollment hotline (626-299-4388) if they have questions specific to the eligibility rules of the MHLA program.

Renewals

CPs must re-enroll MHLA participants during an in-person interview prior to the end of the one-year enrollment period. CPs will complete the renewal on behalf of enrolled participants using the OEA system. MHLA participants may renew their coverage up to ninety (90) days prior to their renewal date. Failure to complete the renewal process prior to their renewal period will result in the disenrollment of the participant from the MHLA program. The MHLA program will notify participants ninety (90) days prior to their renewal date that their renewal date is approaching.

Dis-enrollments

Participants should be checked for continued MHLA eligibility at every visit. Participants who have a life event that could change their MHLA eligibility must have their MHLA application updated in OEA (e.g., increase in income, move out of Los Angeles County, get health care coverage somewhere else, become eligible for government sponsored health insurance, etc.). This may result in a disenrollment from MHLA by the OEA system. Participants will be sent a letter from the MHLA program confirming the date of their disenrollment. A former participant can re-enroll into MHLA at any time if they meet eligibility requirements. Participants may also voluntarily dis-enroll from the program at any time and for any reason by calling Member Services at (844) 744-6452.

Involuntary disenrollment will occur if the participant does not renew their coverage every twelve (12) months (see "Renewals"). They may also be involuntarily dis-enrolled if it is discovered that the participant made untrue statements in their application or during their renewal, if the medical home clinic or MHLA program learns that the participant no longer qualifies for the program, or if the participant abuses the program. The Eligibility and Enrollment Unit should be contacted if a CP believes that a disenrollment is appropriate by calling the Eligibility hotline at (626) 299-4388.

Participants with full-scope, active Medi-Cal Hospital Presumptive Eligibility (HPE) will not be dis-enrolled from MHLA; however, the CP must bill the Medi-Cal program if a MHLA patient has HPE at the time of their outpatient visit.

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Complaints

Participants may file a complaint with MHLA if they are not satisfied with the care they received or if they are having problems with the quality of service they received and the problem has not been resolved. The complaint form is available on the MHLA website (<http://dhs.lacounty.gov/MHLA>). The participant may file the complaint by calling Member Services or by writing a letter to Member Services (this information is included in their Participant Packet). The complaint must be filed within sixty (60) calendar days of the date of the incident. The MHLA Complaint Unit will forward the complaint to the CP (or DHS) agency involved for investigation with a response due by the clinic within ten (10) calendar days. The MHLA Complaint Coordinator will send a written resolution letter to the participant within sixty (60) calendar days of receipt of the complaint.

Pharmacy

The MHLA Pharmacy benefit will occur in two Phases. Phase I occurs from October 1, 2014 until a DHS 340B contracted Pharmacy Services Administrator (PSA) and pharmacy network are in place (estimated Spring or Summer 2015).

- **Phase I (October 1, 2014 through Spring/Summer 2015)**. During Phase I, clinics are responsible for providing participants with all medically necessary pharmaceuticals using their dispensary, on-site pharmacy or clinic contracted pharmacies. All clinics must have an “after-hours” plan which is described on their outgoing message that describes how participants can access drugs on nights and weekends. DHS pharmacies will only provide medications to participants when the prescription is written by a DHS physician (i.e. during an emergency, specialty or urgent care visit at a DHS facility).

CPs must use the MHLA formulary when prescribing drugs to MHLA patients. If a CP wishes to prescribe a drug that is not on the formulary, the CP must submit a Prior Authorization (PA) request form for non-formulary and PA specified drugs prior to prescribing. The prior authorization form and instructions, as well as the MHLA formulary, is on the MHLA website under “For Providers and Staff.” In addition, CPs must submit Patient Assistance Programs (PAP) applications and use PAP programs for medications identified as PAP eligible.

All clinic sites not yet registered with HRSA, including satellite and mobile sites, must register their clinic between October 1-15, 2014 with HRSA Office of Pharmacy Affairs. All clinic sites must register with HRSA by October 15th (the only exception is for non-FQHC clinics in SPA1). Clinic sites register their clinic at: <http://www.hrsa.gov/opa/eligibilityandregistration/>. HRSA has developed a tutorial webinar to assist CPs with this process: <http://opanel.hrsa.gov/opa/>.

- **Phase II (Spring/Summer 2015)**. During Phase II, DHS will contract with a Pharmacy Services Administrator (PSA) to establish the MHLA pharmacy network. MHLA participants will be able to obtain their prescription pharmaceuticals at any pharmacy in the network. Clinics’ on-site pharmacies may request to be added to the DHS network; however, in Phase II, all pharmaceuticals must be dispensed through a licensed pharmacy. No dispensaries will be allowed to dispense drugs to MHLA patients during Phase II.

During Phase II, two formularies will be maintained for MHLA: one for primary care (generic medications) and one for 340B drugs (brand name and higher cost medications). Drugs and refills identified on the primary care formulary will be accessed through any MHLA network pharmacy whereas drugs identified on the 340B formulary will be dispensed through the DHS

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central fill pharmacy (Central Pharmacy/E-Fill) and mailed to the patient or clinic. All MHLA 340B clinics must have a 340B contract pharmacy agreement in place for the DHS Central Pharmacy and the RX E-Fill pharmacy to allow for dispensing of 340B-priced pharmaceuticals during Phase II. Therefore, all CP clinics must submit a request to HRSA OPA by January 1, 2015 to add their pharmacies to the HRSA 340B database as a participating 340B pharmacy. More information about Phase II will be provided to CPs at a later date.

Visit Data

CPs must submit MHLA participant visit data by the 10th of the following month beginning in November 2014. This visit data is required throughout the entire duration of the Fee-For-Service billing period (October 1, 2014-March 31, 2015) in order for the Department to monitor visits and expenditures for the program. The Visit Data Form will be available on the MHLA website <http://dhs.lacounty.gov/MHLA> under "For DHS and Community Partners" (**User name: mhlacpp and Password: Lacounty1**). CPs must complete this form every month during the FFS billing period. Failure to provide this information could result in a daily fine to the clinics until the information is provided.

Encounter Data

All CPs will be required to submit encounter data to DHS beginning in May 2015. Between November 2014 and May 2015, CPs must submit their encounter data for their MHLA prescriptions only. This information must be submitted to AIA using a pharmacy encounter data form which is available on the MHLA website.

Open/Closed Status for New MHLA Enrollment

The MHLA Contract Administration unit will survey CPs twice monthly to determine whether there are any changes to their clinic's open/closed status based on their capacity. A clinic is considered to have capacity if they could schedule a non-urgent primary care appointment for a new participant within ninety (90) calendar days. Clinics must email Mayra Palacios at mpalacios@dhs.lacounty.gov if they no longer have capacity to accept new participants (see attached "Contractual Change Request Form") Once a clinic site becomes closed to new patients, the site will not be available in OEA for a participant to select as a medical home.

Adding a New Clinic Site

If contracted CP clinics wish to add a new site to the MHLA program, the CP must notify Mayra Palacios (mpalacios@dhs.lacounty.gov) using the "Contractual Change Request Form" (see attached). In order to be a medical home for the MHLA program, the clinic site must meet all of the following criteria: 1) Be operational as of submission date of request; 2) Be an active provider in State of California Medi-Cal program; 3) Have a valid Health Care Options (HCO) clinic code, National Provider Identification Number (NPI), and passed DHS and/or Health Plans FSR process; 4) Maintain a current license (Community Clinic or Free Clinic) and be registered with Office of Statewide Health Planning and Development (OSHPD) as an appropriately licensed clinic; and 5) Be designated as a FQHC or FQHC Look-Alike site (except for SPA 1).

All new and existing sites, with the exception of non-FQHC clinics in SPA 1, must be registered with the HRSA Office of Pharmacy Affairs (OPA) before they can be added as a site and/or provide services to MHLA patients. CPs may register their clinic quarterly at the HRSA OPA website:

<http://www.hrsa.gov/opa/eligibilityandregistration/>

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Clinic Closures

Clinics must notify Mayra Palacios (mpalacios@dhs.lacounty.gov) at least ninety (90) days prior to the temporary or permanent closure of a clinic site using the "Contractual Change Request Form" (see attached). If a clinic site is closing (either temporarily or permanently), the CP must notify their MHLA participants at least sixty (60) days prior to the closure, assist the participant in the selection of a new medical home, notify Mayra Palacios of those participants who did not select a new medical home, and indicate nearby clinic sites who have expressed a willingness to accept those participants.

Audits

Audits will be conducted on an annual basis to ensure CPs contractual accountability, ensure compliance with Federal, State and County regulations, and provide technical assistance to all CPs to improve audit scores and meet performance measures. The audit components consist of a Credentialing Review (CR), Medical Record Review (MRR) and Facility Site Review (FSR).

Website, MHLA Clinic List and Map.

The MHLA website is live! Clinics may obtain updated Provider Information Notices (PINs), Provider Bulletins, Newsletters, Fact Sheets, Open/Closed Clinic Status, and CP clinic locations on the MHLA website: <http://dhs.lacounty.gov/MHLA>. If you wish to log on to the section called "For DHS and Community Partners", you will need to do so using the following log-in information: Login: **mhlacpp** Password: **Lacounty1**. The MHLA website is available to participants and CP staff to provide up-to-date information and resources about this program. Participants and CPs will be able to locate the nearest clinic site through the new "Find a Clinic" Map feature.

Important Contact Information

Program Advocates have been assigned to each CP clinic to provide program support and answer questions. The listing of Program Advocates is attached and can also be found on the MHLA website <http://dhs.lacounty.gov/MHLA>. If you have Enrollment and Eligibility questions, please contact our Enrollment and Eligibility Subject Matter Experts (SMEs) who are available to answer eligibility questions Monday through Friday between 8am and 5pm by calling (626) 299-4388. For eConsult information contact Ariadna Padilla at apadilla3@dhs.lacounty.gov and for RPS information contact Hayley C. Buchbinder at hbuchbinder@dhs.lacounty.gov.

If you have any questions, please contact your Program Advocate.

If you or a colleague would like to be added to the distribution list for these notices, please email Deborah Ross at deross@dhs.lacounty.gov.